


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2005 08:00 AM
Secretary of State

DOCUMENT # 706718 1. Entity Name BAY CEIA BAPTIST CHURCH, INC.	
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Principal Place of Business 4615 GEORGE RD. TAMPA, FL 33634	Mailing Address 4615 GEORGE RD. TAMPA, FL 33634
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03072005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0995641	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent QUINONES, ELADIO M 4903 STOLLS AVE TAMPA, FL 33615
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**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000263152 03/14/05-80084-012 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHOATE, VIRGIL 10262 OASIS PALM DR TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOORE, SHARON 8311 NORTHBRIDGE BLVD TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COLLIER, BRENDA 4802 EL CAPISTRANO DR TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WINTERS, BRAD 4611 BYERLE CIR TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T QUINONES, ELADIO 4903 STOLLS AVE TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MILLS, NANCY 11635 HIDDEN HOLLOW CIR. TAMPA, FL 33635

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Eladio M. Quinones** **3/9/05** **813-884-1517**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #